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State/Territory Name: Arizona

State Plan Amendment (SPA) #: AZ-25-0003

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



Financial Management Group

September 17, 2025

Carmen Heredia, Director Arizona Health Care Cost Containment System 801 E. Jefferson Phoenix, AZ 85034

RE: Arizona State Plan Amendment Transmittal Number 25-0003

Dear Director Heredia:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Arizona state plan amendment (SPA) to Attachment 4.19-A AZ-25-0003, which was submitted to CMS on June 23, 2025. This plan amendment adjusts the Inpatient Hospital APR-DRG newborn policy adjustor to account for increases in the newborn screening fee.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), and 1923 of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of June 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at 617-565-1291 or via email at Novena.JamesHailey@cms.hhs.gov.

Sincerely,

Rory Howe Director

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES	FORM APPROVI OMB No. 0938-01
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	2 5. 0 0 0 3 AZ
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE June 1, 2025
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 440.130; 42 CFR § 441.56; 42 CFR § 440.345; Section 1902(e)(4) of the Social Security Act; Section 1902(a)(10)(A) of the Social Security Act	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY: 2025 \$ 194,000 b. FFY: 2026 \$ 795,000
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19-B, page 5(c)	
4.19-A, page 20	Attachment 4.19-B, page 5(c)
	4.19-A, page 20
GOVERNOR'S OFFICE REPORTED NO COMME SPECIFIED: COMMENTS OF GOVERNOR'S OFFICE ENCLO NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 11. SIGNATURE OF STATE AGENCY OFFICIAL 12. TYPED NAME Kyle Sawyer 13. TITLE Assistant Director, Public Policy and Strategic Planning	— ·
14. DATE SUBMITTED: June 23, 2025	
	HEE AND Y
16. DATE RECEIVED	17. DATE APPROVED
June 23, 2025	September 17, 2025
PLAN APPROVED - C 18. EFFECTIVE DATE OF APPROVED MATERIAL	DNE COPY ATTACHED
June 1, 2025	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL Director, Financial Management Group
Rory Howe	Director, Financial Management Group
22. REMARKS	
Pen and ink changes in blocks 7 & 8 per state request.	

STATE OF ARIZONA METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES INPATIENT HOSPITAL CARE

E. DRG Base Rate for Out-of-State Hospitals

The DRG base rate for high volume out-of-state hospitals will be calculated in the same manner as for Arizona hospitals, using the Arizona statewide standardized amount. A high volume out-of-state hospital is a hospital that is located in a county that borders the state of Arizona and had 500 or more AHCCCS-covered inpatient days for the fiscal year beginning October 1, 2015. The DRG base rate for all other out-of-state hospitals is posted on the AHCCCS website that is referenced in paragraph D.

F. Policy Adjustors

Where AHCCCS has determined that an adjustment to the base payment is appropriate to ensure access to quality care, a policy adjustor will be applied to the base payment. Firstly, AHCCCS will apply a provider policy adjustor of 1.110 times the base rate to all claims from hospitals that are high volume Medicaid providers. A high volume Medicaid provider is a hospital that had AHCCCS-covered inpatient days during the fiscal year beginning October 1, 2015 equal to at least four hundred percent of the statewide average number of AHCCCS-covered inpatient days at all hospitals, and had a Medicaid utilization rate greater than 30% as reported in the hospital's Medicare Cost Report for the hospital's cost reporting period ending between January 1, 2016 and December 31, 2016, and received less than \$2 million in add-on payment for outliers for the fiscal year beginning October 1, 2015. These calculations include both Fee-For-Service and Managed Care Organization data. Secondly, and in addition to the provider policy adjustor if it applies, Effective June 1, 2025 AHCCCS will apply one of nine service policy adjustors where the claim meets certain conditions. The nine service policy adjustors, the conditions to which they apply, and the adjustment values are described below:

- 1. Normal newborn DRG codes:
 - For dates of Service beginning June 1, 2025, and ending March 31, 2026: 1.72 ;
 - For dates of Service beginning April 1, 2026: 1.73
- 2. Neonates DRG codes: 1.10
- 3. Obstetrics DRG codes: 1.55
- 4. Psychiatric DRG codes: 1.65
- 5. Rehabilitation DRG codes: 1.65
- 6. Burns DRG codes: 4.00
- 7. Claims for patients under age 19 assigned DRG codes other than those described in items 1 through 6 above and with severity of illness level 1 or 2: 1.25
- 8. Claims for patients under age 19 assigned DRG codes other than those described in items 1 through 6 above and with severity of illness level 3 or 4: 2.40
- 9. All Other Adjustor: 1.025